

SERIAL NUMBER 09/275,883	FILING DATE 03/25/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 1700.0020001
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APPLICANT

WOLFGANG A. RENNER, ZURICH, SWITZERLAND; LARS NIEBA, WINTERHUR, SWITZERLAND; MARCO BOORSMA, WARDEN, SWITZERLAND.

****CONTINUING DOMESTIC DATA*******

VERIFIED

RS

US 60/074,562 3/27/1998

****371 (NAT'L STAGE) DATA*******

VERIFIED

RS none

****FOREIGN APPLICATIONS*******

VERIFIED

RS none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/26/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CHX	SHEETS DRAWING 17	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>RS</u> Examiner's Initials Initials					

ADDRESS

STERNE KESSLER GOLDSTEIN & FOX
1100 NEW YORK AVE NW
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WASHINGTON DC 20005-3934

TITLE

INDUCIBLE ALPHAVIRAL GENE EXPRESSION SYSTEM

FILING FEE RECEIVED \$1,940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 1349

SERIAL NUMBER 09/275,883	FILING OR 371(c) DATE 03/25/1999 RULE	CLASS 424	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. 1700.0020001
APPLICANTS WOLFGANG A. RENNER, ZURICH, SWITZERLAND; LARS NIEBA, WINTERHUR, SWITZERLAND; MARCO BOORSMA, LEEU WARDEN, NETHERLANDS;				
** CONTINUING DATA ***** This appln claims benefit of 60/079,562 03/27/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/26/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 17	TOTAL CLAIMS 74
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS STERNE KESSLER GOLDSTEIN & FOX 1100 NEW YORK AVE NW SUITE 600 WASHINGTON ,DC 200053934				
TITLE INDUCIBLE ALPHAVIRAL GENE EXPRESSION SYSTEM				
FILING FEE RECEIVED 2852	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	